

ALL FIELDS ARE REQUIRED AND MUST BE COMPLETE TO PROCESS

If the information on this form changes, please submit an updated form.

Full Company Name:

**If a division, subsidiary or affiliate of another company, identify related Company information:*

DUNs No.*:	SAM.gov UEI:	Taxpayer ID or Social Security No.:
Sales/Contract Office Street Address:		
City:	State:	9 Digit Zip: -
Country:	County:	Congressional District No.:
Contact:	Phone:	Fax:
Website:	E-Mail:	

Supplier Type

- ☐ Supplier
☐ Education/Non-Profit
☐ Government
☐ Other:

Business Type

- ☐ Corporation
☐ Partnership
☐ Individual/Sole Proprietor
☐ Other:

North American Industrial Classification System**

NAICS Code	NAICS Industry Title	Size Standard

North American Industrial Classification System (NAICS) codes and descriptions applicable to the products/services offered (see www.census.gov/epcd/www/naics.html). List Primary NAICS code first. If additional codes apply, provide information on an attached sheet.

Annual Revenue***

Number of Employees***

**To obtain a DUNs number, visit <http://fedgov.dnb.com/>*

***To qualify as a Small Business, your business must not exceed the size standard for the NAICS code FMP best believes describes the product/service being acquired.*

****Required if business entity certifies as a Small Business per 13 CFR 121*

Socioeconomic Information

☐ Large Business

If a Large Business, check the following if applicable:

- ☐ Alaska Native Corporations (ANCs) and Indian Tribes that are not small businesses

OR

☐ Small Business (per 13 CFR 121)**

If a Small Business, check any of the following that apply:

- ☐ Woman-Owned
☐ Economically Disadvantaged Woman Owned
☐ Women-Owned Small Business eligible under WOSB Program
☐ Small Disadvantaged Business
 - ☐ Aleut Owned ☐ Asian-Pacific American Owned
 - ☐ American Indian Owned ☐ Black American Owned
 - ☐ Eskimo Owned ☐ Hispanic American Owned
 - ☐ Native American Owned ☐ Subcontinent Asian-American Owned☐ HUBZone—SBA Certified (per FAR 52.219-4a)
☐ Veteran-Owned
☐ Service Disabled Veteran-Owned
☐ Historically Black College & University (HBCU)
☐ Alaska Native Corporations (ANCs) Owned
☐ Indian Tribe (Federally Recognized) Owned
☐ Tribally Owned Firm
☐ 8(a) Business Development Program Certified
☐ Native Hawaiian Organization Owned Firm

Supplier Representative Certification *For the penalties for false representation, see FAR 52.219-1(d)(2) and 52.219-9(e)(5)*

Name:	Title:
Signature:	Date:

Misrepresentations of business status as a small, small disadvantaged, small women-owned, small veteran-owned (including service disabled), and HUBZone small business concerns for the purpose of obtaining a subcontract that is to be included as part or all of a goal contained in the requesting Contractor's subcontracting plan, without remedy, can result in severe penalties.

Under 15 U.S.C. 645 (d), any person who misrepresents a firm's status in these same categories in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9 or 15 of the Small Business Act or any other provision of the Federal law that specifically references section 8(d) for a definition of program eligibility, shall: (i) Be punished by imposition of fine, imprisonment, or both; (ii) Be subject to administrative remedies, including suspension and debarment; and (iii) Be ineligible for participation in programs conducted under the authority of the act.